

09-28-05  
PART B - FEE(S) TRANSMITTAL



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24395 7590 06/27/2005

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**Irah H. Donner** (Depositor's name)  
*Irah H. Donner* (Signature)  
**September 26, 2005** (Date)

09/29/2005 MBELETE2 00000061 080219 10634991

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA  
03 FC:8000 12.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/634,991	08/06/2003	James G. McErlean	103864.140US1	7452

**TITLE OF INVENTION: AUTOMATED PRESCRIPTION AND/OR LITERATURE BAGGER SYSTEM AND METHOD OPTIONALLY INTEGRATED WITH AUTOMATED DISPENSING SYSTEM AND/OR AUTOMATED LABELING AND PACKAGING SYSTEM**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/27/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DESAL, HEMANT	3721	053-135200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Irah H. Donner**  
2 **Wilmer Cutler Pickering**  
3 **Hale and Dorr LLP**

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Medco Health Solutions, Inc.**

**Franklin Lakes, New Jersey**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

**4a. The following fee(s) are enclosed:**

☒ Issue Fee  
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-0219 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Irah H. Donner*  
Typed or printed name **Irah H. Donner**

Date 9/26/05  
Registration No. 35,120

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